



Energy Management Technologies, LLC
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

7195

FIELD REPORT

Location Name / Address <i>Schenectady Army</i>	Bill To	Date <i>9-21-21</i>
Contact / Phone	EMTech Contract #	Customer PO #
Technician Code <input type="checkbox"/> Contract <input type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only		

Problem Description:

JOB SITE SAFETY CHECKLIST	WORK PERFORMED
<input type="checkbox"/> Electrical Shock Hazards	<i>cleaned SPARK & FAME sensors cycled FA color, all pups material on order.</i>
<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Inadequate Ventilation	
<input type="checkbox"/> Water/Oil/Other Liquids on Floor	
<input type="checkbox"/> Trip or Fall Hazards	
<input type="checkbox"/> Fire or Explosive Hazards	
<input type="checkbox"/> Site Checked	

REFRIGERANT ACTIVITY
Did Refrigerant Activity occur?
<input type="checkbox"/> Yes If yes, a Refrigerant Activity
<input type="checkbox"/> No Report Must be completed

SERVICE EXPENSE	PARTS and MATERIAL				
PARTS, MATERIAL SOURCE	Source	Qty	Part #	Description	PO #
<input type="checkbox"/> CS Customer Supplied	<i>UP</i>	<i>3</i>	<i>SIM SON KIT</i>	<i>1/2 GASKET</i>	
<input type="checkbox"/> PC Procurement/Cash	<i>UP</i>	<i>3</i>	<i>IGN KIT</i>	<i>1/2 GASKET</i>	
<input type="checkbox"/> TS Truck	<i>UP</i>	<i>1</i>	<i>CSKT DR RBR</i>		
<input type="checkbox"/> TP EMTech Parts					
<input type="checkbox"/> VP Vendor Purchase					

EXPENSE TYPE (CHECK ALL THAT APPLY)	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys	<i>9-21-21</i>	<i>Mike</i>		<i>x</i>		<i>4</i>		
<input type="checkbox"/> Lg Recovery Sys								
<input type="checkbox"/> Vacuum Pump								
<input type="checkbox"/> Welder								
<input type="checkbox"/> Tube Brush Unit								
<input type="checkbox"/> Technology Charge								
<input type="checkbox"/> Fuel Charge								
<input type="checkbox"/> Environment Fee								
<input type="checkbox"/> Trip Charge								
<input type="checkbox"/> Pressure Washer								
<input checked="" type="checkbox"/> Mileage								
<input checked="" type="checkbox"/> Misc. Supplies								

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>[Signature]</i>	Date <i>9-21-21</i>	PO #
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